

Delivery Date _____
Removal Date _____

MMS Number _____
MMS Closed _____



Finance Only

Date Paid _____
Amount Paid _____

Received by _____
Forward to PS _____

APPLICATION FOR ORGANIC WASTE COLLECTION SERVICES

TODAY'S DATE: _____

APPLICANT
NAME (PRINT): _____

BILLING/DELIVERY
ADDRESS: _____

BUSINESS No: _____ CELL: _____

*DELIVERY DATE REQUEST: _____ *TEMPORARY RATE OF CHARGE: \$31.23 per can/per month (additional cans may be added for \$28.94/can)

PLEASE NOTE: IN SOME CASES, PLEASE ALLOW AT LEAST TWO (2) BUSINESS DAYS FOR PROCESSING OF CONTAINER REQUEST.

THE UNDERSIGNED (CUSTOMER) AGREES TO BE RESPONSIBLE FOR ANY DAMAGES TO THE CONTAINER(S) AND TO PERSONAL AND PUBLIC PROPERTY FOR THE DURATION OF THE LEASE AND AGREES TO RETURN THE CONTAINER(S) IN A SATISFACTORY CONDITION. THE UNDERSIGNED ALSO AGREES TO PAY AN INTERIM FEE OF \$31.23 PER CAN (ADDITIONAL CANS INCREASE THIS TOTAL AMOUNT) AND PER MONTH UNTIL THE FULLY-BURDENED RATE IS DETERMINED BY THE CITY'S RATE CONSULTANT. THESE NEW CHARGES WILL BE ADDED TO THE MONTHLY UTILITY BILL OF THE UNDERSIGNED. CUSTOMER AGREES TO KEEP THE CONTAINERS ON PRIVATE PROPERTY (AT NO ADDITIONAL COST).

DATE

CUSTOMER SIGNATURE

CITY REPRESENTATIVE

Updated 11/7/2018

City Hall
600 Sixth Street
Lincoln, CA 95648
(916) 434-2400
www.ci.lincoln.ca.us

Administrative Services - City Manager's Office - Development Services
Fire - Library - Recreation - Police - Public Services